Referral process for clients to access general and emergency oral health care in Metro South

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Learning objectives

- The referral process for refugee and asylum seeker families to access general and emergency oral health care
- Oral Health Issues faced by refugee and asylum seeker families
Metro South demographics

Metro South - 3,856 square kilometres

- 122 Statistical Local Areas
- Most disadvantaged area in MSH is the Logan area
- MSH has one of the most culturally and linguistically diverse populations in QLD. In 2011, 282,565 people (or 27.3 per cent of the population) were born overseas.
- 170+ Cultural groups
- 2014 MSH utilised 65% of the states interpreter services
Significance of the Problem

**ABS data:**
- By age six, 45% of Australian children have caries experience -of which up to 60% remains untreated.

**MSOH Research Data:**
- 78% caries experience in 6 year old children in MSOH (Logan).
- 2012 - 23% of 2 year olds had decay (Logan).
Early Childhood Caries

5 year old

6 year old

12 year old
Early Childhood Caries
Periodontitis
Dental Decay
Edentulism
Refugee and migrant barriers to oral health

Pre-migration experiences
• Systematic persecution
• Exposure to violence and loss
• Forced displacement
• Cultural adjustment
• Family separation
• Cultural isolation
• Lethargy
• Detachment
• Loss of self esteem
• Loss of direction
• Loss of “voice”
• Loss of identity

On–arrival experiences
• Chosen or forces to leave country
• English fluency

Post –arrival experiences
• New or established community
• Eligibility for health financial services, employment housing etc

Factors that can contribute to poor oral health
• Years of limited diet and poor nutrition
• No access to conventional dentistry or resources e.g. toothbrush or toothpaste
• No fluoridated or clean drinking water
• On arrival to Australia, exposure to sweet foods and drinks
• Certain foods and drinks seen as “luxury” items
• Avoidance of tap water
• Use of alternative oral hygiene tools (e.g. miswak chewing sticks)
• Avoidance of toothpaste due to cultural or religious, dietary restrictions
• Barriers to accessing dental health care
Knowledge practice and beliefs

• Oral health particularly tooth decay is an issue of concern to everyone
• Importance placed on the first teeth varied between all groups
• Varied levels of knowledge across all groups
• Differing practices – current and traditional, home country and new country
• Many risk and protective factors identified by both community and health professionals – diet, oral health practices, breastfeeding, bottle use, dummy use, smoking, genetics, fluoride, dental fear, pregnancy, oral health literacy, information and dental services

“She thinks they are too young for anything to be done; she thinks it is an invasion. She starts when they are about 4 years, shows them how to brush. Before then, nothing” (Interpreter, Iraqi FG)

In Eritrea there is a saying – “when a child loses it’s first teeth its’ time to go to school”

“Teeth must be buried and not thrown away”
Number of refugee and asylum seekers accessing oral health care in Queensland.

January 1st to Sept 30th 2015

<table>
<thead>
<tr>
<th>Hospital and Health Service</th>
<th>Unique Clients</th>
<th>Occasions of Service (Visits)</th>
<th>Weighted Occasions of Service (WOOS)</th>
<th>WOOS Dollars ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Darling Downs</td>
<td>173</td>
<td>402</td>
<td>1,712.15</td>
<td>91,704.21</td>
</tr>
<tr>
<td>Metro North</td>
<td>70</td>
<td>208</td>
<td>1,065.75</td>
<td>57,055.64</td>
</tr>
<tr>
<td><strong>Metro South</strong></td>
<td><strong>205</strong></td>
<td><strong>677</strong></td>
<td><strong>3,220.70</strong></td>
<td><strong>172,301.76</strong></td>
</tr>
<tr>
<td>North West</td>
<td>1</td>
<td>6</td>
<td>24.44</td>
<td>1,310.00</td>
</tr>
<tr>
<td>West Moreton</td>
<td>1</td>
<td>1</td>
<td>1.75</td>
<td>93.47</td>
</tr>
<tr>
<td><strong>Queensland Total</strong></td>
<td><strong>446</strong></td>
<td><strong>1,294</strong></td>
<td><strong>6,024.79</strong></td>
<td><strong>322,465.08</strong></td>
</tr>
</tbody>
</table>

Currently in Metro South Oral Health

- 45% of QLD’s Asylum seeker & Refugee population and
- 700 + on our waiting list,
- waiting nearly 2 years for a first visit (trying to reduce this)
Top 20 languages of patients who identified as requiring an interpreter for dental care since January 2015 to September 2015.

<table>
<thead>
<tr>
<th>Language</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>SERBIAN</td>
<td>45</td>
</tr>
<tr>
<td>BOSNIAN</td>
<td>49</td>
</tr>
<tr>
<td>ROHINGYA</td>
<td>52</td>
</tr>
<tr>
<td>BURMESE AND RELATED LANGUAGES</td>
<td>58</td>
</tr>
<tr>
<td>KAREN</td>
<td>64</td>
</tr>
<tr>
<td>AUSLAN</td>
<td>99</td>
</tr>
<tr>
<td>TIGRINYA</td>
<td>100</td>
</tr>
<tr>
<td>TAMIL</td>
<td>115</td>
</tr>
<tr>
<td>SPANISH</td>
<td>126</td>
</tr>
<tr>
<td>CHIN HAKA</td>
<td>130</td>
</tr>
<tr>
<td>BURMESE</td>
<td>169</td>
</tr>
<tr>
<td>CANTONESE</td>
<td>184</td>
</tr>
<tr>
<td>*ENGLISH</td>
<td>209</td>
</tr>
<tr>
<td>SOMALI</td>
<td>226</td>
</tr>
<tr>
<td>MANDARIN</td>
<td>230</td>
</tr>
<tr>
<td>HAZARAGHI</td>
<td>231</td>
</tr>
<tr>
<td>ARABIC</td>
<td>292</td>
</tr>
<tr>
<td>VIETNAMESE</td>
<td>375</td>
</tr>
<tr>
<td>DARI</td>
<td>392</td>
</tr>
<tr>
<td>PERSIAN (EXCLUDING DARI)</td>
<td>829</td>
</tr>
</tbody>
</table>
Eligibility for Oral Health in Metro South

• General Eligibility

• Refugee Eligibility

  • QLD health accepts referrals from agencies that provide support to Refugees and Asylum Seekers.
  • Refugees and Asylum Seekers, including both adults and children, are entitled to one priority general course within the first 12 months of arrival in Queensland.
  • Refugees hold a Medicare and Health Care Card so are eligible for public funded dental Clinics
  • Asylum Seekers do not meet the normal eligibility criteria for public oral health services. However, under the 2006 FMPM Circular 01/2006 – ‘Public Hospital Services for Medicare Ineligible Asylum Seekers in Queensland’,
Guidelines for referrals of Refugees and Asylum Seekers to Queensland Health Dental Services

1. Eligibility

People who are Refugees:

Refugees are eligible for Medicare and a Health Care Card and are therefore eligible for publicly funded Queensland Government dental clinics.

People who are Asylum Seekers:

Asylum Seekers do not meet the normal eligibility criteria for public oral health services. However, under the 2006 FASTR Access and Funding Agreement, Asylum Seekers in Queensland are eligible for publicly funded dental services within the first 12 months of arrival in Queensland and then based on meeting current eligibility criteria.

2. Service Details

Queensland Health Dental Services accept referrals from agencies that provide support to Refugees and Asylum Seekers.

Refugees and Asylum Seekers, including both adults and children, are entitled to one priority general course of care (including specialist services) in Queensland public adult or school-based dental clinics within the first 12 months of arrival in Queensland.

The treatment provided consists of a full-mouth examination and any treatment identified by the treating health practitioner. Treatment may include cleaning, examinations, extractions, prosthodontics, and any specialist dental treatment that is considered normal practice.

If client eligibility expires before the completion of their course of care, the course of care will be completed.

3. How to make a referral to Queensland Health Dental Services

1. Telephone the client's Queensland Health Dental Clinic to set an appointment.

2. Complete the relevant referral form and email or fax the form to the public dental clinic providing the service.

3. Please provide a copy of the referral form to the client for presentation at the public dental clinic on arrival for their allocated appointment.

If the client is in need of an immediate dental emergency appointment, please contact the local dental clinic to access their emergency service.

Metro South Oral Health Services

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Access – navigating the system

**Emergencies will be booked into the next available appointment.**

- What is an emergency dental appointment
  - bleeding in the mouth that will not stop
  - swelling of the face from a tooth infection
  - recent injury to the teeth

- Bleeding gums not in pain is not an emergency. Caseworker needs to send a referral to the clinic they wish to be seen at. Advise brushing the gums and teeth.

**Call Centre for all emergency and general course of Care.**

- Agencies that work for asylum seekers and refugees, can make emergency appts for their clients –
  - You will need to fill out a Referral Form - email/fax to the dental clinic where the appointment is made.
  - Interpreters will be booked via the call centre

- For a general check up - please call the Call Centre
  - Send a referral to the relevant clinic. The dental clinic will make an appointment for them or put them on their waiting list.

- Please fill out the referral form in full, ensuring you put in the case workers phone number just in case the dental clinic needs more information.
# Queensland Health Dental Services Form

To be used for refugees

This form is to be used by authorised refugee support agencies to refer refugees who have access to a Health Care Card and are deemed eligible for public sector oral health services.

## Client details

<table>
<thead>
<tr>
<th>Title</th>
<th>Family name</th>
<th>Date of arrival into Queensland</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Given names</th>
<th>Date of birth</th>
<th>Health Care Card customer reference number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Sex</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Phone number</th>
<th>Is the client a Queensland resident?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Has the client given consent to receive oral health services?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is an interpreter required?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

## Referral to (name of dental health service)

## Reason for referral (urgent care, dental examination etc. Please give detailed clinical, social etc reasons)

## Referral from

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Telephone</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Agency</th>
<th>Signature</th>
<th>Date</th>
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<table>
<thead>
<tr>
<th>Oral Health Services staff only</th>
<th>Dental assessment appointment made</th>
<th>Appointment date</th>
<th>Staff member name</th>
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Referral to Logan Central Community Health Oral Health

### Referral to Logan Central Community Health Oral Health

#### Queensland Health Dental Services Form

**To be used for Refugees**

**REFERRAL TO LOGAN CENTRAL COMMUNITY HEALTH ORAL HEALTH**

This form is to be used by authorised refugee support agencies to refer refugees who have access to a Health Care Card and are deemed eligible for public sector oral health services.

**Insert Principle Applicant UR sticker here**

Date of arrival into Queensland …………..

Health Care Card customer reference number

**Expire date ………………….*\n
Consent given to receive oral health services?  
☐ Yes ☐ No *The client must give consent before a referral is made

Is an Interpreter required?  
☐ Yes ☐ No

Female interpreter only  
Preferred language

Number in family ………………………

**Case Worker/Nurse CNC ……………………..Phone 3412 8322**

**SEE REVERSE FOR OTHER FAMILY MEMBERS**

- An URGENT appointment has been made  
  ○ unable to eat  
  ○ swelling  
  ○ severe pain  
  ○ severe decay

- Routine Priority Adult  
  ○ pain  
  ○ache  
  ○ decay  
  ○ sensitive teeth  
  ○ bleeding gums

- Routine School Age  
  ○ pain  
  ○ache  
  ○ decay

- Other  
  ○ School

**REFERRAL AGENCY**

Metro South Refugee Health Service  
Phone 3290 8900

Date ………………………

- Oral Health Services staff only  
  ○ Interpreter booked

- Appointment date  
  Staff member name

**Other family members**

<table>
<thead>
<tr>
<th>Name</th>
<th>Dental issues</th>
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<tr>
<td></td>
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**Migrant Health Services**

Metro South Oral Health Services
Dental Service Experience

- Extensive variation between home country and new country
- Preferences for home country – refugee usually can not return home
- Cost, waiting list, quality treatment, health information and advice, appointment experience

"When I take him to the doctor, the doctor tell me some teeth need check up and some teeth need filling, I say ok. He say sign here, so I sign. When he go in, he asleep, then when he come out he has only two teeth. All gone. And I cry and I cry. I say, where are all the teeth and he tell me the teeth no good"

(Pakistani mother)
Planned and on-going initiatives include:

- [ ] https://www.simplyhealth.org.au/health-professionals
- [ ] Working with key groups to improve access and pathways into oral health for our most at risk patients
- [ ] Working with community groups to spread the oral health message
- [ ] Targeting school communities
- [ ] Increased engagement with school nurses / community groups / Brisbane South Primary Health Network (BSPHN)
- [ ] Facebook and website options
- [ ] Early recalls for patients based on risk assessments
- [ ] Focus on WELLNESS not of disease
Healthy Teeth for Life – tips for everyone

Healthy Teeth for Life

- Brush teeth and gums with a fluoride toothpaste twice everyday
- Choose healthy snacks like fruits, cheese and vegetables
- Drink plenty of tap water
- Limit sugary foods and drinks
- Chew sugar-free gum
- Don’t smoke
- Wear a mouthguard when playing contact sports
- Breast milk is best for babies
- Arrange for children to have a dental assessment by age two
  - Parents to brush their children’s teeth as soon as they appear
In African countries such as Nigeria and Benin, there are a variety of tooth customs. Boys hold their tooth in a fist with a 8 other small stones, for a total of 9, (girls hold 6 stones). The child is instructed to close their eyes tightly, shout their name and the words “I want my tooth back” and run away, while other children are instructed to bury the tooth in the ground. If a lizard sees the tooth, a new tooth will not grow, so it is important to keep the tooth hidden.

In countries like Columbia and South Africa they leave the tooth under the pillow or put it in a slipper and wait for a mouse to take the tooth and leave money or a gift.

In Guatemala, Haiti and Brazil children are instructed to throw their teeth on the roof. Additional rituals include chants asking for a new healthy tooth.
Thank you for listening are their any questions?